

| ACTION | INITIAL | ID NO. | DATE |
|----------------------------------|------------|-------------|-----------------|
| FEES DETERMINATION | <i>M-F</i> | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>SJP</i> | <i>1027</i> | <i>4-16-01</i> |
| RESPONSE FORMALITY REVIEW | <i>MD</i> | <i>JGR</i> | <i>05/26/01</i> |

INDEX OF CLAIMS

| | | |
|---------------------------------|---|--------------|
| Rejected | N | Non-elected |
| Allowed | I | Interference |
| — (Through numeral)... Canceled | A | Appeal |
| Restricted | O | Objected |

BEST AVAILABLE CO

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 7/2/01 |
| 2 | 2/4/01 |
| 3 | 8/25/01 |
| 4 | N |
| 5 | V |
| 6 | V |
| 7 | N |
| 8 | V |
| 9 | N |
| 10 | V |
| 11 | N |
| 12 | N |
| 13 | N |
| 14 | N |
| 15 | N |
| 16 | N |
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| Claim | Date |
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| Final | |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

573
02-05-01